

**Fill in this information to identify the case:**

Debtor name DIP, Inc. ("Doherty's East Ave Irish Pub")

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number (if known) 1:16-bk-11875

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 21, 2016

**X /s/ John H. Doherty**

Signature of individual signing on behalf of debtor

**John H. Doherty**

Printed name

**Vice-President**

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **DIP, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF RHODE ISLAND**

Case number (if known) **16-11875**

☐ Check if this is an amended filing

Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. <b>Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
1b. <b>Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>41,022.16</b>
1c. <b>Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>41,022.16</b>

Part 2: Summary of Liabilities

2. <b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>514,641.01</b>
3. <b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
3a. <b>Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>292,978.95</b>
3b. <b>Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>159,513.31</b>
4. <b>Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>967,133.27</b>

**Fill in this information to identify the case:**Debtor name DIP, Inc.United States Bankruptcy Court for the: DISTRICT OF RHODE ISLANDCase number (if known) 16-11875☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor**

Current value of debtor's interest		
2.	Cash on hand	\$1,004.00

**2. Cash on hand****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. Coastway Community Bank	Operating	9869	\$6,974.20
3.2. Coastway Community Bank	Payroll	9869	\$4,263.47
3.3. Coastway Community Bank	Savings	9869	\$2.49

**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$12,244.16****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

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Name

**Part 3: Accounts receivable**

10. Does the debtor have any accounts receivable?

- ☒ No. Go to Part 4.  
☐ Yes Fill in the information below.

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Food and beverage inventory	October 28, 2016	\$0.00	Recent cost	\$16,778.00

22. Other inventory or supplies

23. Total of Part 5.

Add lines 19 through 22. Copy the total to line 84.

**\$16,778.00**

24. Is any of the property listed in Part 5 perishable?

- ☐ No  
☒ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No  
☒ Yes. Book value 300 Valuation method cost Current Value 0

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.

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☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office furniture and equipment	\$0.00		Unknown

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** Add lines 39 through 42. Copy the total to line 86. \$0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

☒ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

☒ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Restaurant kitchen and dining room equipment, furnishings, and fixtures.	Unknown		\$12,000.00

51. **Total of Part 8.** Add lines 47 through 50. Copy the total to line 87. \$12,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

☒ No  
☐ Yes

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53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Leased premises known as 342 East Avenue, Pawtucket RI	Leasehold Interest	\$0.00		Unknown

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.  
Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- ☒ No  
☐ Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☒ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☒ No. Go to Part 12.  
☐ Yes Fill in the information below.

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$12,244.16</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$0.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$16,778.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$0.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$12,000.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$41,022.16</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$41,022.16</b>

**Fill in this information to identify the case:**

Debtor name DIP, Inc.

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number (if known) 16-11875

☐ Check if this is an amended filing

**Official Form 206D**

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>ECOLAB</b> <small>Creditor's Name</small>  <b>P.O. Box 32027</b> <b>New York, NY 10087</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>Leased equipment</b>  <b>Describe the lien</b> <b>Equipment Lease</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,414.55</b>	<b>Unknown</b>

2.2	<b>Freedom National Bank</b> <small>Creditor's Name</small>  <b>2152 Mendon Road</b> <b>Cumberland, RI 02864</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	<b>Describe debtor's property that is subject to a lien</b> <b>All assets</b>  <b>Describe the lien</b> <b>Term Loan</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$388,702.00</b>	<b>\$0.00</b>
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Debtor **DIP, Inc.** Case number (if know) **16-11875**  
Name

☒ No  
☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent  
☐ Unliquidated  
☐ Disputed

**2.3** **Performance Food Group** Describe debtor's property that is subject to a lien **\$124,524.46** **\$0.00**  
Creditor's Name

**P.O. Box 3024**  
**Springfield, MA 01104**

Creditor's mailing address

Describe the lien

**UCC-1**

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number  
**East Avenue**

Do multiple creditors have an  
interest in the same property?

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☒ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. **\$514,641.01**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

**Edward G. Avila, Esq.**  
**Roberts Carroll Feldstein & Pe**  
**10 Weybosset St**  
**Providence, RI 02903-2818**

Line **2.2**

Fill in this information to identify the case:

Debtor name **DIP, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF RHODE ISLAND**

Case number (if known) **16-11875**

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Allen, Jordan</b> <b>121 Prospect Street</b> <b>Warwick, RI 02886</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$78.50</b>	<b>\$78.50</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Andrade, Holly</b> <b>116 Waterman Avenue</b> <b>Providence, RI 02904</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$246.38</b>	<b>\$246.38</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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2.3	Priority creditor's name and mailing address <b>Andrade, Holly</b> <b>116 Waterman Avenue</b> <b>Providence, RI 02904</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$450.00</b>	<b>\$450.00</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Ballard, Kimberly</b> <b>129 Cedar Street</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$529.41</b>	<b>\$529.41</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.5	Priority creditor's name and mailing address <b>Brito, Ronaldo</b> <b>166 Mineral Spring Avenue</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$95.74</b>	<b>\$95.74</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.6	Priority creditor's name and mailing address <b>Brown, Timothy E.</b> <b>8 Pine Street</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$227.88</b>	<b>\$227.88</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> Name	Case number (if known)	<b>16-11875</b>
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2.7	Priority creditor's name and mailing address <b>Bruneau, Kevin</b> <b>15 Bates Street</b> <b>Pawtucket, RI 02861</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$397.80</b>	<b>\$397.80</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.8	Priority creditor's name and mailing address <b>Canham, Jamie J.</b> <b>21 Pratt Lane</b> <b>Taunton, MA 02780</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$116.23</b>	<b>\$116.23</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.9	Priority creditor's name and mailing address <b>Caravelli, Gina M.</b> <b>377 Morris Avenue</b> <b>Providence, RI 02906</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$478.41</b>	<b>\$478.41</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.10	Priority creditor's name and mailing address <b>Carosi, Kevin J.</b> <b>10 Castaldi Drive</b> <b>Johnston, RI 02919</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$717.34</b>	<b>\$717.34</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	DIP, Inc. <small>Name</small>	Case number (if known)	16-11875
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2.11	Priority creditor's name and mailing address <b>City of Pawtucket</b> <b>Division of Taxation</b> <b>137 Roosevelt Ave.</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,017.89	\$3,017.89
	Date or dates debt was incurred	Basis for the claim: <b>RE Taxes</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.12	Priority creditor's name and mailing address <b>City of Pawtucket</b> <b>Division of Taxation</b> <b>137 Roosevelt Ave.</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,448.72	\$5,448.72
	Date or dates debt was incurred	Basis for the claim: <b>Comm/Residential</b>		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.13	Priority creditor's name and mailing address <b>City of Pawtucket</b> <b>Tax Collector</b> <b>137 Roosevelt Ave.</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$293.53	\$293.53
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>MV Taxes</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.14	Priority creditor's name and mailing address <b>City of Pawtucket</b> <b>Tax Collector</b> <b>137 Roosevelt Ave.</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$382.99	\$382.99
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number <b>Tangible Tax</b> Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>	
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2.15	Priority creditor's name and mailing address <b>Debarros, Kailey B.</b> <b>17 Beech Street</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$497.28</b>	<b>\$497.28</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.16	Priority creditor's name and mailing address <b>Fitzwater, Dylan E.</b> <b>84 Edgewater Drive</b> <b>Blackstone, MA 01504</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$366.89</b>	<b>\$366.89</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.17	Priority creditor's name and mailing address <b>Freeman, Maria G.</b> <b>18 Knowles Street</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$149.75</b>	<b>\$149.75</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.18	Priority creditor's name and mailing address <b>Gomes, Francisco B.</b> <b>89 Cleveland Street</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$520.39</b>	<b>\$520.39</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> Name	Case number (if known)	<b>16-11875</b>
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2.19	Priority creditor's name and mailing address <b>Gomes, Richard</b> <b>89 Wadsworth Street</b> <b>Providence, RI 02907</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$608.02</b>	<b>\$608.02</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.20	Priority creditor's name and mailing address <b>Goncalves, Admirson M.</b> <b>50 Blake Street</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$360.69</b>	<b>\$360.69</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.21	Priority creditor's name and mailing address <b>Grayson, Adam</b> <b>60 Malbone Street</b> <b>Providence, RI 02908</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$384.96</b>	<b>\$384.96</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.22	Priority creditor's name and mailing address <b>Grayson, Seth E.</b> <b>148 Columbia Avenue</b> <b>Providence, RI 02905</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$684.73</b>	<b>\$684.73</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> Name	Case number (if known)	<b>16-11875</b>
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2.23	Priority creditor's name and mailing address <b>Henglatsamy, Bearee</b> <b>44 2nd Street</b> <b>Pawtucket, RI 02861</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$69.80</b>	<b>\$69.80</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.24	Priority creditor's name and mailing address <b>Internal Revenue Service</b> <b>Central Insolvency Operation</b> <b>PO Box 9052</b> <b>Andover, MA 01810-9052</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$158,727.60</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim: <b>2010 Corporate income tax</b>		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.25	Priority creditor's name and mailing address <b>Lascola, Danielle E.</b> <b>40 Corrente Avenue</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$345.83</b>	<b>\$345.83</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.26	Priority creditor's name and mailing address <b>Lizotte, Talia</b> <b>222 Parkview Drive, Apt. 2</b> <b>Pawtucket, RI 02861</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$111.30</b>	<b>\$111.30</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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2.27	Priority creditor's name and mailing address <b>Lynch, John E.</b> <b>78 Pearson Avenue</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$504.83</b>	<b>\$504.83</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.28	Priority creditor's name and mailing address <b>Martel, Amanda R.</b> <b>59 Ohio Avenue</b> <b>Cumberland, RI 02864</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$407.78</b>	<b>\$407.78</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.29	Priority creditor's name and mailing address <b>McCreavy, Colin J.</b> <b>157 Harmon Avenue</b> <b>Cranston, RI 02910</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$119.35</b>	<b>\$119.35</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.30	Priority creditor's name and mailing address <b>Mims, Johnathan J.</b> <b>415 Friendship Street</b> <b>Providence, RI 02903</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$730.47</b>	<b>\$730.47</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>	
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2.31	Priority creditor's name and mailing address <b>Nahas, William T.</b> <b>152 Wilson Avenue</b> <b>Rumford, RI 02916</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$865.38</b>	<b>\$865.38</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.32	Priority creditor's name and mailing address <b>Pierce, Frederick</b> <b>67 West Park Place, 2nd Floor</b> <b>Woonsocket, RI 02895</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$407.64</b>	<b>\$407.64</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.33	Priority creditor's name and mailing address <b>Pierce, Tara</b> <b>67 Haverford Road</b> <b>Warwick, RI 02886</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$213.79</b>	<b>\$213.79</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.34	Priority creditor's name and mailing address <b>Pinheiro, Kimberly A.</b> <b>6 Meadowcrest Drive</b> <b>Riverside, RI 02915</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$206.11</b>	<b>\$206.11</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> Name	Case number (if known)	<b>16-11875</b>
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2.35	Priority creditor's name and mailing address <b>Rhode Island Division of Taxat</b> <b>Attn: Bankruptcy Unit</b> <b>One Capital Hill</b> <b>Providence, RI 02908</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$112,535.00</b>	<b>\$112,535.00</b>
Date or dates debt was incurred <b>Nov '15 - Oct '16</b>		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.36	Priority creditor's name and mailing address <b>Ryle, Patrick</b> <b>5775 Post Road #1941</b> <b>East Greenwich, RI 02818</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$196.27</b>	<b>\$196.27</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.37	Priority creditor's name and mailing address <b>St.Onge, Michael K.</b> <b>52 Chambly Avenue</b> <b>Warwick, RI 02888</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$0.00</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.38	Priority creditor's name and mailing address <b>Townsend, Kaitlyn P.</b> <b>28 Waco Court</b> <b>Warwick, RI 02889</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$481.60</b>	<b>\$481.60</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>DIP, Inc.</b> Name	Case number (if known)	<b>16-11875</b>
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2.39	Priority creditor's name and mailing address <b>Vasconcelos, Damon</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$96.80</b>	<b>\$96.80</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.40	Priority creditor's name and mailing address <b>Vieira, Alvaro</b> <b>17 Charles Street, Apt. 2</b> <b>Pawtucket, RI 02860</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$631.40</b>	<b>\$631.40</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.41	Priority creditor's name and mailing address <b>Watkins, Stacia</b> <b>81 Evergreen Street</b> <b>Providence, RI 02906</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$274.47</b>	<b>\$274.47</b>
	Date or dates debt was incurred	Basis for the claim:		
	Last 4 digits of account number	Is the claim subject to offset?		
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			Amount of claim	
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3.1	Nonpriority creditor's name and mailing address <b>Airgas</b> <b>P.O. Box 802576</b> <b>Chicago, IL 60680-2576</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,141.92</b>	
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3.2	Nonpriority creditor's name and mailing address <b>American European Insurance</b> <b>P.O. Box 1923</b> <b>Hicksville, NY 11802</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$143.00</b>	
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Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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3.3	<b>Nonpriority creditor's name and mailing address</b> <b>American European Insurance</b> <b>P.O. Box 1923</b> <b>Hicksville, NY 11802</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>8412</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,325.00</b>
<hr/>			
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>American Express</b> <b>PO Box 981537</b> <b>El Paso, TX 79998</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,505.10</b>
<hr/>			
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>Atlantic Importing</b> <b>15 Centre Of New England Blvd.</b> <b>Coventry, RI 02816</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<hr/>			
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>Bayside Electric</b> <b>4 Friendship Avenue</b> <b>Warwick, RI 02889</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$663.50</b>
<hr/>			
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>Beacon Mutual Insurance</b> <b>P.O. Box 416142</b> <b>Boston, MA 02241-6142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,637.15</b>
<hr/>			
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>Berkshire Brewing Company</b> <b>P.O. Box 251</b> <b>South Deerfield, MA 01373</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,035.00</b>
<hr/>			
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>Bevinco</b> <b>87 Gosset's TurnDrive</b> <b>Middletown, RI 02842</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,725.00</b>

Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Bonollo Provisions</b> <b>55 Clarkson Street</b> <b>Providence, RI 02908</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>East Avenue</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,509.65</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Craft Beer Guild</b> <b>20 Avery Road</b> <b>Cranston, RI 02910</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>East Avenue</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,344.50</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Derek W. Kelley, Esq.</b> <b>Tip O'Neill Bldg.</b> <b>10 Causeway Street, Rm 401</b> <b>Boston, MA 02222-1061</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Direct TV</b> <b>P.O. Box 5006</b> <b>Carol Stream, IL 60197-5006</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$656.22</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Ecolab Pest</b> <b>P.O. Box 32027</b> <b>New York, NY 10087</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,600.00</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Elizabeth Sullivan</b> <b>109 Vineyard Road</b> <b>Warwick, RI 02886</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
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3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Empty Kegs</b> <b>1150 Greenwich Avenue</b> <b>Warwick, RI 02886</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
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Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Federal National Bank</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Greg Tulli</b> <b>c/o Joan Philips</b> <b>PO Box 5246</b> <b>Wakefield, RI 02880</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Promissory Note</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Horizon Beverage</b> <b>121 Hopkins Hill Road</b> <b>West Greenwich, RI 02817</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>East Avenue</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,210.87</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>James Sullivan</b> <b>109 Vinyard Road</b> <b>Warwick, RI 02889</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>JN Kidds</b> <b>106 Finnell Drive #13</b> <b>Weymouth, MA 02188</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$430.60</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>JO Plumbing</b> <b>2 Evergreen Avenue</b> <b>Warwick, RI 02888</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,633.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>John Doherty</b> <b>342 East Avenue</b> <b>Pawtucket, RI 02860</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>

Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Long Range Systems</b> <b>P.O. Box 671111</b> <b>Dallas, TX 75267-1111</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$105.00</b>
<hr/>			
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>McBurney Electric</b> <b>130 Benedict Street</b> <b>Pawtucket, RI 02861</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$629.89</b>
<hr/>			
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>McLaughlin &amp; Moran, Inc.</b> <b>PO Box 20217</b> <b>Cranston, RI 02920</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,442.00</b>
<hr/>			
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>McLaughlin &amp; Quinn, LLC</b> <b>148 West River</b> <b>Street, Ste. 1E</b> <b>Providence, RI 02904</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,370.21</b>
<hr/>			
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>MS Walker</b> <b>16 Commercial Way</b> <b>Warren, RI 02885</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$245.88</b>
<hr/>			
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Narragansett Bay Commission</b> <b>One Service Road</b> <b>Providence, RI 02905</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>7291</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,603.89</b>
<hr/>			
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Narragansett Bay Commission</b> <b>Attn: Legal Department</b> <b>1 Service Rd</b> <b>Providence, RI 02905-5505</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>0488</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$146.19</b>



Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>National Grid Electric</b> <b>Attn; BankruptcyDepartment</b> <b>300 Erie Blvd. W.</b> <b>Syracuse, NY 13202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,405.46</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>National Grid Gas</b> <b>Attn: Bankruptcy Department</b> <b>300 Erie Blvd. West</b> <b>NH 03202</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,409.05</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>National Trading Co.</b> <b>2876 Pawtucket Avenue</b> <b>Riverside, RI 02915</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,891.13</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>North American Restaurant Equi</b> <b>10 Industrial Drive</b> <b>Smithfield, RI 02917</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,444.50</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>NUCO</b> <b>P.O. Box 417902</b> <b>Boston, MA 02241-7902</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>UCO2</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$946.22</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>Olga's Cup &amp; Saucer</b> <b>103 Point Street</b> <b>Providence, RI 02903</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,511.40</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Paul Anderson Drain Cleaning</b> <b>58 Lufkin Court</b> <b>Warwick, RI 02888</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$370.00</b>

Debtor	<b>DIP, Inc.</b> <small>Name</small>	Case number (if known)	<b>16-11875</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Pawtucket Water Supply Board</b> <b>Attn: LegalDepartment</b> <b>85 Branch Avenue</b> <b>Pawtucket, RI 02860-1018</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,688.99</b>
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3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Payden &amp; Company</b> <b>530 Main Street</b> <b>East Greenwich, RI 02818</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,402.50</b>
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3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Perkins</b> <b>630 John Hancock Rd.</b> <b>Taunton, MA 02780</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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3.41	<b>Nonpriority creditor's name and mailing address</b> <b>Providence Beverage</b> <b>P.O. Box 1437</b> <b>Coventry, RI 02816</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,472.82</b>
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3.42	<b>Nonpriority creditor's name and mailing address</b> <b>Republic Services</b> <b>P.O.Box 9001099</b> <b>Louisville, KY 40290-1099</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$853.09</b>
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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Robinson &amp; Robinson</b> <b>158 Warwick Avenue</b> <b>West Warwick, RI 02893</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$806.98</b>
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3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Smith, Lori</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Workers Compensation Claim</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
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Debtor **DIP, Inc.** Case number (if known) **16-11875**

Name

3.45 Nonpriority creditor's name and mailing address **Tapped Restaurant Consultants**  
**P.O. Box 999**  
**North Kingstown, RI 02852**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$4,554.56**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.46 Nonpriority creditor's name and mailing address **Universal Printing Solutions**  
**10573 W. Pico Blvd.**  
**Los Angeles, CA 90064**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$606.70**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.47 Nonpriority creditor's name and mailing address **Verizon**  
**P.O. Box 15124**  
**Albany, NY 12212-5124**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$651.33**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.48 Nonpriority creditor's name and mailing address **Verizon Wireless**  
**P.O. Box 15062**  
**Albany, NY 12212-5062**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$2,020.01**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

3.49 Nonpriority creditor's name and mailing address **WRIK Entertainment**  
**75A Eddie Dowling Highway**  
**North Smithfield, RI 02896**  
 Date(s) debt was incurred \_\_\_\_  
 Last 4 digits of account number \_\_\_\_  
 As of the petition filing date, the claim is: *Check all that apply.* **\$3,625.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Basis for the claim: \_\_\_\_  
 Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2  
 Lines 5a + 5b = 5c.

Total of claim amounts  
 5a. \$ **292,978.95**  
 5b. + \$ **159,513.31**

5c. \$ **452,492.26**

Fill in this information to identify the case:

Debtor name **DIP, Inc.**

United States Bankruptcy Court for the: **DISTRICT OF RHODE ISLAND**

Case number (if known) **16-11875**

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Leased premises re 342 East Avenue Pawtucket RI**

State the term remaining

List the contract number of any government contract

**DEAIP LLC  
342 East Ave  
Pawtucket, RI 02860**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**Easy Ice  
PO Box 879  
Marquette, MI 49855**

2.3. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**ECOLAB  
PO BOX 32027  
New York, NY 10087**

2.4. State what the contract or lease is for and the nature of the debtor's interest **Parking lot lease**

State the term remaining

List the contract number of any government contract

**MODERN DINER  
364 East Ave  
Pawtucket, RI 02860**

Debtor 1 **DIP, Inc.**

First Name

Middle Name

Last Name

Case number (if known) **16-11875****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest **Service agreement**

State the term remaining

List the contract number of any government contract

**Performance Food Group  
PO BOX 3024  
Springfield, MA 01104-3024**

2.6. State what the contract or lease is for and the nature of the debtor's interest **Trash removal contract**

State the term remaining

List the contract number of any government contract

**REPUBLIC SERVICES  
PO BOX 9001099  
Louisville, KY 40290-1099**

2.7. State what the contract or lease is for and the nature of the debtor's interest **Management agreement**

State the term remaining

List the contract number of any government contract

**Tapped Restaurant Consultants,  
1901 Post Road  
Warwick, RI 02886**

2.8. State what the contract or lease is for and the nature of the debtor's interest **Equipment lease**

State the term remaining

List the contract number of any government contract

**Xerox  
PO Box 202882  
Dallas, TX 75320-2882**

Fill in this information to identify the case:

Debtor name DIP, Inc.

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number (if known) 16-11875

☐ Check if this is an amended filing

# Official Form 206H

## Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

### 2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

- |       |                          |                                        |                        |                                                                                                                            |
|-------|--------------------------|----------------------------------------|------------------------|----------------------------------------------------------------------------------------------------------------------------|
| 2.1   | <b>Agneizska Doherty</b> | 342 East Ave.<br>Pawtucket, RI 02860   | American Express       | <input type="checkbox"/> D _____<br><input checked="" type="checkbox"/> E/F <u>3.4</u><br><input type="checkbox"/> G _____ |
| <hr/> |                          |                                        |                        |                                                                                                                            |
| 2.2   | <b>DEAIP, Inc.</b>       | 342 East Ave<br>Pawtucket, RI 02860    | Freedom National Bank  | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                          |                                        |                        |                                                                                                                            |
| 2.3   | <b>James Sullivan</b>    | 109 Vinyard Road<br>Warwick, RI 02889  | Freedom National Bank  | <input checked="" type="checkbox"/> D <u>2.2</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                          |                                        |                        |                                                                                                                            |
| 2.4   | <b>John Doherty</b>      | 342 East Avenue<br>Pawtucket, RI 02860 | Performance Food Group | <input checked="" type="checkbox"/> D <u>2.3</u><br><input type="checkbox"/> E/F _____<br><input type="checkbox"/> G _____ |
| <hr/> |                          |                                        |                        |                                                                                                                            |
| 2.5   | <b>John Doherty</b>      | 342 East Avenue<br>Pawtucket, RI 02860 | Performance Food Group | <input type="checkbox"/> D _____<br><input type="checkbox"/> E/F _____<br><input checked="" type="checkbox"/> G <u>2.3</u> |

**Fill in this information to identify the case:**

Debtor name DIP, Inc.

United States Bankruptcy Court for the: DISTRICT OF RHODE ISLAND

Case number (if known) 16-11875

☐ Check if this is an amended filing

**Official Form 207**

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

☐ None.

**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year**

**From the beginning of the fiscal year to filing date:**  
From 1/01/2016 to **Filing Date**

**Sources of revenue**  
Check all that apply

☒ Operating a business  
☐ Other \_\_\_\_\_

**Gross revenue**  
(before deductions and exclusions)

\$1,215,312.76

**For prior year:**  
From 1/01/2015 to 12/31/2015

☒ Operating a business  
☒ Other estimated

\$1,600,000.00

**For year before that:**  
From 1/01/2014 to 12/31/2014

☒ Operating a business  
☐ Other \_\_\_\_\_

\$1,859,566.00

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

**Description of sources of revenue**

**Gross revenue from each source**  
(before deductions and exclusions)

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

**Creditor's Name and Address**

**Dates**

**Total amount of value**

**Reasons for payment or transfer**  
*Check all that apply*

Debtor **DIP, Inc.**Case number (if known) **16-11875**

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer Check all that apply
3.1. <b>See attached</b>		<b>\$128,996.13</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other ___

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>See attached</b>		<b>\$637,063.83</b>	

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>DIP, Inc. v. Commissioner of Internal Revenue</b> <b>Docket No. 19195-15</b>	<b>Tax audit</b>	<b>United States Tax Court</b> <b>400 Second Street, NW</b> <b>Washington, DC 20217</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. <b>Joannie Heroux v. DEAIP, LLC alias John Doe, DIP INC, Mark Sleeper dba A-Marks Construction</b> <b>C.A. No. PC-2016-2093</b>	<b>Personal injury</b>	<b>Providence Superior Court</b> <b>250 Benefit St</b> <b>Providence, RI 02903</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded



Debtor **DIP, Inc.**Case number (if known) **16-11875**

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.3. American Express Bank, FSB vs. Agnieszka Doherty, alias DIP INC C.A. No. PC-2016-4002		Providence Superior Court 250 Benefit St Providence, RI 02903	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☐ None

	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1.	RI Music Hall of Fame 999 Main St #100 Pawtucket, RI 02860	money	3/19/2015	\$500.00
	Recipients relationship to debtor			
9.2.	Fort Adams Trust 90 Fort Adams Dr Newport, RI 02840	money	7/9/2015	\$300.00
	Recipients relationship to debtor			
9.3.	Cure Zach	money	9/11/2015	\$100.00
	Recipients relationship to debtor			
9.4.	Friendly Sons of St. Patrick 135 Broad St Cumberland, RI 02864	money	2/23/2016	\$125.00
	Recipients relationship to debtor			

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Debtor **DIP, Inc.**Case number (if known) **16-11875****Description of the property lost and how the loss occurred****Amount of payments received for the loss**

If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.

List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).

**Dates of loss****Value of property lost****Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.**Who was paid or who received the transfer?  
Address****If not money, describe any property transferred****Dates****Total amount or value**11.1. **Thomas P. Quinn, Esq.  
McLaughlin & Quinn, LLC  
148 West River Street Suite  
1E  
Providence, RI 02904****Total of \$60,000 paid on behalf of DIP, Inc.,  
DLSA LLC, and Doherty's Lakeside  
Alehouse, Inc.****10/31/2016****\$60,000.00****Email or website address****Who made the payment, if not debtor?****12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.**Name of trust or device****Describe any property transferred****Dates transfers were made****Total amount or value****13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.**Who received transfer?  
Address****Description of property transferred or payments received or debts paid in exchange****Date transfer was made****Total amount or value****Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply**Address****Dates of occupancy  
From-To**14.1. **1065 Tower Hill Road  
North Kingstown, RI 02852****June 2016 - Current**

Debtor **DIP, Inc.**Case number (if known) **16-11875**

	Address	Dates of occupancy From-To
14.2.	<b>PO Box 999 North Kingstown, RI 02852</b>	<b>June 2016 - Current</b>
14.3.	<b>1901 Post Road Warwick, RI 02889</b>	<b>2013 - June 2016</b>
14.4.	<b>342 East Ave Pawtucket, RI 02860</b>	<b>Current</b>

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☒ No. Go to Part 9.
- ☐ Yes. Fill in the information below.

Facility name and address

Nature of the business operation, including type of services  
the debtor providesIf debtor provides meals  
and housing, number of  
patients in debtor's care**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☐ No. Go to Part 10.
- ☒ Yes. Does the debtor serve as plan administrator?
- ☒ No Go to Part 10.
- ☐ Yes. Fill in below:

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

- ☒ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
-------------------------------------------	------------------------------------	----------------------------------	---------------------------------------------------------------	-----------------------------------------------

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

Debtor **DIP, Inc.**Case number (if known) **16-11875**☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	-----------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
<b>Alehouse North Kingstown, LLC d/b/a Carriage Inn &amp; Saloon 1901 Post Road Warwick, RI 02886</b>	<b>John Doherty 1065 Tower Hill Rd. North Kingstown, RI 02852</b>  <b>James Sullivan 1065 Tower Hill Rd. North Kingstown, RI 02852</b>  <b>Frank Peace 1065 Tower Hill Rd. North Kingstown, RI 02852</b>	<b>Corporate records</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**☐ No.☒ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	----------------------------------	--------------------	----------------

Debtor **DIP, Inc.**Case number (if known) **16-11875**

Case title Case number	Court or agency name and address	Nature of the case	Status of case
2010 tax audit			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business**

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- ☐ None

Name and address	Date of service From-To
26a.1. Jennifer Chamrin 150 Hood Street #1 Fall River, MA 02720	June 2016 - present
26a.2. Melanie Geary 83 Ansonia Road Warwick, RI 02889	February 2015 to June 2016
26a.3. Kim Carlone dba Kim's Bookkeeping Services 327 Riverside Street Portsmouth, RI 02871	May 2015 to January 2016
26a.4. Jim Cotter 903 Providence Place#206 Providence, RI 02903	October 2014 to February 2015
26a.5. Anne Freeland, CPA Arthur Lambi & Associates 2190 Mendon Road, Suite Two Cumberland, RI 02864	January 2014 to Present

Debtor **DIP, Inc.**Case number (if known) **16-11875**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☐ None

Name and address		Date of service From-To
26b.1.	<b>Anne Freeland, CPA Arthur Lambi &amp; Associates 2190 Mendon Road, Suite Two Cumberland, RI 02864</b>	<b>January 2014 to Present</b>

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address		If any books of account and records are unavailable, explain why
26c.1.	<b>Anne Freeland, CPA Arthur Lambi &amp; Associates 2190 Mendon Road, Suite Two Cumberland, RI 02864</b>	
26c.2.	<b>Jennifer Chamrin 150 Hood Street #1 Fall River, MA 02720</b>	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☐ None

Name and address	
26d.1.	<b>Bay Coast Bank PO Box 1311 Fall River, MA 02722-9985</b>

## 27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☐ No

☒ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory		Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1	<b>Holly Andrade</b>	<b>Week ending October 25, 2016</b>	<b>\$16,778 cost</b>
Name and address of the person who has possession of inventory records			
<b>BEVINCO 87 GOSSET'S TURN DRIVE Middletown, RI 02842</b>			

Debtor **DIP, Inc.**Case number (if known) **16-11875**

27.2	Name of the person who supervised the taking of the inventory <b>Holly Andrade</b>	Date of inventory <b>Week ending October 18, 2016</b>	The dollar amount and basis (cost, market, or other basis) of each inventory <b>\$16,126 cost</b>
	Name and address of the person who has possession of inventory records <b>BEVINCO 87 GOSSET'S TURN DRIVE Middletown, RI 02842</b>		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Frank Peace	72 Reynolds Court Marlborough, MA 01752	President, Director	
John Doherty	342 East Avenue Pawtucket, RI 02860	Vice President, Director	33.33% owner
James Sullivan	109 Vinyard Road Warwick, RI 02889	Treasurer, Secretary, Director	33.33% owner
Elizabeth Sullivan	109 Vineyard Road Warwick, RI 02886		33.33% owner

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- ☒ No  
☐ Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☒ No  
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	------------------------------------------------------	-------	--------------------------------

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation	Employer identification number of the parent corporation
--------------------------------	----------------------------------------------------------

Debtor DIP, Inc.Case number (if known) 16-11875

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on November 21, 2016

/s/ John H. Doherty  
Signature of individual signing on behalf of the debtor

John H. Doherty  
Printed name

Position or relationship to debtor Vice-President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes



account	Date	Number	Payee	Account	Memo	Disbursements
East Ave - Checking	9/30/2016	1820	All American Foods, Inc.	Cost of Sales:Food		\$ 1,559.87
East Ave - Checking	10/4/2016	1823	All American Foods, Inc.	Cost of Sales:Food		\$ 2,089.15
East Ave - Checking	10/7/2016	1824	All American Foods, Inc.	Accounts Payable:East Ave		\$ 2,700.97
East Ave - Checking	10/21/2016	1831	All American Foods, Inc.	Cost of Sales:Food		\$ 2,155.91
East Ave - Checking	10/26/2016	1845	All American Foods, Inc.	Cost of Sales:Food		\$ 882.81
East Ave - Checking	10/28/2016	1850	All American Foods, Inc.	Cost of Sales:Food	inv# 32110	\$ 1,905.26
East Ave - Checking	11/1/2016	1848	All American Foods, Inc.	Cost of Sales:Food		\$ 1,971.65
East Ave - Checking	11/4/2016	1856	All American Foods, Inc.	Cost of Sales:Food		\$ 2,445.42
East Ave - Checking	11/8/2016	1849	All American Foods, Inc.	Cost of Sales:Food		\$ 1,701.34
			<b>All American Foods, Inc. Total</b>			\$ 17,412.38
East Ave - Checking	8/2/2016		Bankcard	Non-Controllable Expenses:G&A:Credit Card Fees	TYPE: MTOT DISC ID: 638812375M CO: BANKCARD 1237 %% ACH Trace 091000011240452	\$ 1,771.37
East Ave - Checking	9/2/2016		Bankcard	Non-Controllable Expenses:G&A:Credit Card Fees	TYPE: MTOT DISC ID: 638812375M CO: BANKCARD 1237 %% ACH Trace 091000016695141	\$ 2,074.26
East Ave - Checking	10/3/2016		Bankcard	Non-Controllable Expenses:G&A:Credit Card Fees	TYPE: MTOT DISC ID: 638812375M CO: BANKCARD 1237 %% ACH Trace 091000012293180	\$ 1,935.30
East Ave - Checking	11/2/2016		Bankcard	Non-Controllable Expenses:G&A:Credit Card Fees	TYPE: MTOT DISC ID: 638812375M CO: BANKCARD 1237 %% ACH Trace 091000017342525	\$ 2,182.87
			<b>Bankcard Total</b>			\$ 7,963.80
East Ave - Checking	8/18/2016		Freedom National Bank	Freedom National DIP Loan 1373	TYPE: AUTO TRANS ID: 011501705 CO: FREEDOM NATIONAL %% ACH Trace 011501700061170	\$ 5,335.39
East Ave - Checking	9/18/2016		Freedom National Bank	Freedom National DIP Loan 1373	TYPE: AUTO TRANS ID: 011501705 CO: FREEDOM NATIONAL %% ACH Trace 011501700061170	\$ 5,335.39
East Ave - Checking	10/18/2016		Freedom National Bank	Freedom National DIP Loan 1373	TYPE: AUTO TRANS ID: 011501705 CO: FREEDOM NATIONAL %% ACH Trace 011501700061170	\$ 5,335.39
			<b>Freedom National Bank Total</b>			\$ 16,006.17
East Ave - Checking	9/6/2016	1801	Horizon - East Ave	Accounts Payable:East Ave		\$ 1,725.11
East Ave - Checking	9/16/2016	1811	Horizon - East Ave	Accounts Payable:East Ave		\$ 2,237.91
East Ave - Checking	9/30/2016	1821	Horizon - East Ave	Accounts Payable:East Ave		\$ 1,731.01
East Ave - Checking	10/7/2016	1827	Horizon - East Ave	Accounts Payable:East Ave		\$ 1,819.09
East Ave - Checking	10/17/2016	1833	Horizon - East Ave	Accounts Payable:East Ave		\$ 1,786.28
East Ave - Checking	10/21/2016	1840	Horizon - East Ave	Accounts Payable:East Ave		\$ 2,040.62
East Ave - Checking	10/28/2016	1851	Horizon - East Ave	Accounts Payable:East Ave		\$ 1,709.68
East Ave - Checking	11/4/2016	1858	Horizon - East Ave	Accounts Payable:East Ave		\$ 1,333.38
East Ave - Checking	11/8/2016	1884	Horizon - East Ave	Cost of Sales:Alcohol		\$ 2,511.68
			<b>Horizon - East Ave Total</b>			\$ 16,894.76
East Ave - Checking	8/5/2016	1774	McLaughlin & Moran	Accounts Payable:East Ave		\$ 2,197.12
East Ave - Checking	8/12/2016	1783	McLaughlin & Moran	Accounts Payable:East Ave		\$ 2,197.80
East Ave - Checking	8/19/2016	1787	McLaughlin & Moran	Accounts Payable:East Ave		\$ 1,541.18
East Ave - Checking	8/26/2016	1794	McLaughlin & Moran	Accounts Payable:East Ave		\$ 2,095.83
East Ave - Checking	9/9/2016	1804	McLaughlin & Moran	Accounts Payable:East Ave		\$ 1,861.18
East Ave - Checking	9/23/2016	1819	McLaughlin & Moran	Accounts Payable:East Ave		\$ 2,995.99
East Ave - Checking	10/7/2016	1826	McLaughlin & Moran	Accounts Payable:East Ave		\$ 1,997.58
East Ave - Checking	10/17/2016	1832	McLaughlin & Moran	Accounts Payable:East Ave		\$ 2,040.90
East Ave - Checking	10/21/2016	1839	McLaughlin & Moran	Accounts Payable:East Ave		\$ 1,819.84
East Ave - Checking	10/28/2016	1852	McLaughlin & Moran	Accounts Payable:East Ave		\$ 1,974.96
East Ave - Checking	11/4/2016	1859	McLaughlin & Moran	Accounts Payable:East Ave		\$ 1,153.92
			<b>McLaughlin &amp; Moran Total</b>			\$ 21,876.30
East Ave - Checking	9/9/2016		NATIONAL GRID - ELEC	Non-Controllable Expenses:Utilities:Electric	TYPE: NGRID49WEB ID: 9195140503 CO: NGRID49 %% ACH Trace 021000021303609	\$ 3,517.86
East Ave - Checking	10/19/2016		NATIONAL GRID - ELEC	Accounts Payable:East Ave	Memo:TYPE: NGRID49WEB ID: 9195140503 CO: NGRID49 %% ACH Trace 021000021442977	\$ 7,588.92
			<b>NATIONAL GRID - ELEC Total</b>			\$ 11,106.78
East Ave - Checking	8/16/2016		PAWTUCKET WATER SUPPLY BOARD	Accounts Payable:East Ave		\$ 7,519.23
			<b>PAWTUCKET WATER SUPPLY BOARD Total</b>			\$ 7,519.23
East Ave - Checking	8/3/2016		PFG - East Ave	Accounts Payable		\$ 1,469.12
East Ave - Checking	8/3/2016		PFG - East Ave	Accounts Payable:East Ave		\$ 1,863.88
East Ave - Checking	8/9/2016		PFG - East Ave	Accounts Payable:East Ave	Memo:TYPE: CASH CONC ID: R840629503 CO: PerformanceSpr %% ACH Trace 091000018962253	\$ 1,790.91
East Ave - Checking	8/15/2016		PFG - East Ave	Accounts Payable:East Ave	Memo:TYPE: CASH CONC ID: R840629503 CO: PerformanceSpr %% ACH Trace 091000010521240	\$ 7,498.82
East Ave - Checking	8/21/2016		PFG - East Ave	Accounts Payable:East Ave	Memo:TYPE: CASH CONC ID: R840629503 CO: PerformanceSpr %% ACH Trace 091000015734469	\$ 6,092.64
			<b>PFG - East Ave Total</b>			\$ 18,715.37
East Ave - Checking	9/16/2016	1809	RESTAURANT DEPOT	Cost of Sales:Food		\$ 947.76
East Ave - Checking	9/21/2016	1810	RESTAURANT DEPOT	Cost of Sales:Food		\$ 1,681.62
East Ave - Checking	9/23/2016	1817	RESTAURANT DEPOT	Cost of Sales:Food		\$ 829.99
East Ave - Checking	9/28/2016	1818	RESTAURANT DEPOT	Cost of Sales:Food		\$ 1,797.00
East Ave - Checking	10/4/2016	1822	RESTAURANT DEPOT	Cost of Sales:Food		\$ 457.99
East Ave - Checking	10/21/2016	1829	RESTAURANT DEPOT	Cost of Sales:Food		\$ 1,101.93
East Ave - Checking	10/24/2016	1830	RESTAURANT DEPOT	Cost of Sales:Food		\$ 672.23
East Ave - Checking	10/25/2016	1844	RESTAURANT DEPOT	Cost of Sales:Food	fbo: lakeside	\$ 230.52
East Ave - Checking	10/25/2016	1843	RESTAURANT DEPOT	Cost of Sales:Food	fbo: jefferson blvd	\$ 542.06
East Ave - Checking	10/25/2016	1842	RESTAURANT DEPOT	Cost of Sales:Food		\$ 779.29
East Ave - Checking	10/28/2016	1846	RESTAURANT DEPOT	Cost of Sales:Food		\$ 415.20
East Ave - Checking	11/1/2016	1847	RESTAURANT DEPOT	Cost of Sales:Food		\$ 686.99
East Ave - Checking	11/4/2016	1854	RESTAURANT DEPOT	Cost of Sales:Food		\$ 509.85
East Ave - Checking	11/8/2016	1853	RESTAURANT DEPOT	Cost of Sales:Food		\$ 784.02
East Ave - Checking	11/9/2016	1885	RESTAURANT DEPOT	Cost of Sales:Food		\$ 64.89
			<b>RESTAURANT DEPOT Total</b>			\$ 11,501.34
			<b>Grand Total</b>			\$ 128,996.13

account	Date	Number	Payee	Account	Memo	Disbursements	Insider name/OBO
East Ave - Checking	6/10/2016			Carriage Inn - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 06/10/2016 08:06 312679 Payee:Deposit Home Bank	\$ 975.00	Carriage Inn
East Ave - Checking	6/10/2016			Carriage Inn - Payroll	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 06/10/2016 08:05 312673 Payee:Deposit Home Bank	\$ 600.00	Carriage Inn
East Ave - Checking	8/18/2016			Carriage Inn - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer	\$ 1,100.00	Carriage Inn
East Ave - Checking	9/9/2016			Carriage Inn - Payroll	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 09/09/2016 14:28 438026 - Payroll Live Checks 0	\$ 1,427.50	Carriage Inn
East Ave - Payroll	9/9/2016			Carriage Inn - Payroll	Memo:From DIP INC 0000129869 Savings 0082 AcctLine 09/09/2016 14:21 437992 - Payroll Live Check 09	\$ 1,427.51	Carriage Inn
East Ave - Checking	10/28/2016			Carriage Inn - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 1,500.00	Carriage Inn
						\$ 7,030.01	<b>Carriage Inn Total</b>
Coastway CU Checking	11/9/2015			Due From:Jefferson Blvd	Transfer To DBIP INC 0000129871 Savings 0080 AcctLine 11/09/2015 15:17 42325	\$ 5,700.00	DBIP, Inc.
Coastway CU Checking	11/23/2015			Due From:Jefferson Blvd	Transfer To DBIP INC 0000129871 Savings 0080 AcctLine 11/23/2015 14:41 59214 - Loan for Payroll	\$ 17,100.00	DBIP, Inc.
Coastway CU Checking	11/27/2015			Due From:Jefferson Blvd	Transfer To DBIP INC 0000129871 Savings 0080 AcctLine 11/27/2015 08:41 63287 - Loan for Taxes	\$ 20,000.00	DBIP, Inc.
Coastway CU Checking	12/8/2015			Due From:Jefferson Blvd	Transfer To DBIP INC 0000129871 Savings 0080 AcctLine 12/08/2015 10:31 77588 - Loan for Payroll	\$ 8,000.00	DBIP, Inc.
Coastway CU Checking	12/11/2015			Due From:Jefferson Blvd	Transfer To DBIP INC 0000129871 Savings 0080 AcctLine 12/11/2015 09:01 81691 - Loan for Payroll	\$ 7,000.00	DBIP, Inc.
East Ave - Checking	1/5/2016			Jefferson Blvd - Checking		\$ 11,150.00	DBIP, Inc.
East Ave - Checking	1/8/2016			Jefferson Blvd - Checking		\$ 8,000.00	DBIP, Inc.
East Ave - Checking	2/2/2016			Jefferson Blvd - Checking		\$ 15,000.00	DBIP, Inc.
East Ave - Checking	2/16/2016			Jefferson Blvd - Checking		\$ 4,500.00	DBIP, Inc.
East Ave - Checking	2/19/2016			Jefferson Blvd - Checking		\$ 3,000.00	DBIP, Inc.
East Ave - Checking	3/1/2016			Jefferson Blvd - Checking		\$ 3,000.00	DBIP, Inc.
East Ave - Checking	3/4/2016			Jefferson Blvd - Checking		\$ 5,000.00	DBIP, Inc.
East Ave - Checking	3/17/2016			Jefferson Blvd - Checking		\$ 1,500.00	DBIP, Inc.
East Ave - Payroll	3/30/2016			Jefferson Blvd - Checking	to correct error in recording transfer	\$ 7,945.00	DBIP, Inc.
East Ave - Checking	5/3/2016			Jefferson Blvd - Checking		\$ 1,500.00	DBIP, Inc.
East Ave - Checking	5/6/2016			Jefferson Blvd - Checking		\$ 8,500.00	DBIP, Inc.
East Ave - Checking	5/24/2016			Jefferson Blvd - Checking		\$ 947.14	DBIP, Inc.
East Ave - Checking	1/8/2016			Jefferson Blvd - Payroll		\$ 1,300.00	DBIP, Inc.
East Ave - Checking	3/29/2016			Jefferson Blvd - Payroll		\$ 7,945.00	DBIP, Inc.
East Ave - Checking	9/9/2016			Jefferson Blvd - Payroll	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 09/09/2016 14:10 437914 - Payroll Live Checks 0	\$ 484.85	DBIP, Inc.
East Ave - Checking	9/23/2016			Jefferson Blvd - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 900.00	DBIP, Inc.
East Ave - Checking	9/23/2016			Jefferson Blvd - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 450.00	DBIP, Inc.
						\$ 138,921.99	<b>DBIP, Inc. Total</b>
Coastway CU Checking	11/12/2015			Due From:Lakeside	Transfer To DLSA LLC 0000138402 Savings 0080 AcctLine 11/12/2015 10:17 45383	\$ 3,000.00	Doherty's Lakeside Alehouse, Inc.
Coastway CU Checking	11/25/2015			Due From:Lakeside	Transfer To DLSA LLC 0000138402 Savings 0080 AcctLine 11/25/2015 14:49 61799	\$ 2,000.00	Doherty's Lakeside Alehouse, Inc.
Coastway CU Checking	12/11/2015			Due From:Lakeside	Transfer To DLSA LLC 0000138402 Savings 0080 AcctLine 12/11/2015 09:21 81743 - Loan for Alans Expe	\$ 1,000.00	Doherty's Lakeside Alehouse, Inc.
Coastway CU Checking	12/21/2015			Due From:Lakeside	Transfer To DLSA LLC 0000138402 Savings 0080 AcctLine 12/21/2015 13:48 94525	\$ 11,700.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	1/4/2016			Lakeside - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 01/04/2016 09:11 110068 Payee:Deposit Home Bank	\$ 500.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	1/6/2016			Lakeside - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 01/06/2016 17:37 113165 Payee:Deposit Home Bank	\$ 340.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	1/19/2016			Lakeside - Checking	Transfer To DLSA LLC 0000138402 Savings 0089 AcctLine 01/19/2016 15:51 128635	\$ 4,500.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	1/20/2016			Lakeside - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 01/20/2016 11:35 129620 Payee:Deposit Home Bank	\$ 2,200.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	1/20/2016			Lakeside - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 01/20/2016 09:17 129406 Payee:Deposit Home Bank	\$ 4,500.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	4/7/2016			Lakeside - Checking	Memo:From DBIP INC 0000129871 Savings 0080 AcctLine 04/07/2016 17:11 230435 Payee:Deposit Home Ban	\$ 2,750.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	5/25/2016			Lakeside - Checking	Memo:From DBIP INC 0000129871 Savings 0080 AcctLine 05/25/2016 12:54 292050 Payee:Deposit Home Ban	\$ 2,000.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	8/9/2016			Lakeside - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer	\$ 4,000.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	1/9/2016			Lakeside - Payroll		\$ 4,500.00	Doherty's Lakeside Alehouse, Inc.
East Ave - Checking	8/31/2016			Lakeside - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer	\$ 600.00	Doherty's Lakeside Alehouse, Inc.
						\$ 43,590.00	<b>Doherty's Lakeside Alehouse, Inc. Total</b>
Coastway CU Checking	12/5/2015			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 12/05/2015 19:44 74988 - For Mortgage	\$ 1,500.00	MDS Realty, LLC
East Ave - Checking	1/2/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 01/02/2016 14:14 108505	\$ 1,000.00	MDS Realty, LLC
East Ave - Checking	1/5/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 01/05/2016 09:30 111427	\$ 3,700.00	MDS Realty, LLC
East Ave - Checking	1/22/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 01/22/2016 09:41 132346	\$ 1,250.00	MDS Realty, LLC
East Ave - Checking	3/7/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 03/07/2016 08:05 189313	\$ 2,000.00	MDS Realty, LLC
East Ave - Checking	4/6/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 04/06/2016 10:13 128562	\$ 1,000.00	MDS Realty, LLC
East Ave - Checking	4/14/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 04/14/2016 10:02 239122	\$ 500.00	MDS Realty, LLC
East Ave - Checking	4/19/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 04/19/2016 16:10 246055	\$ 500.00	MDS Realty, LLC
East Ave - Checking	5/6/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 05/06/2016 09:12 268331	\$ 3,579.00	MDS Realty, LLC
East Ave - Checking	5/20/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 05/20/2016 11:41 286411	\$ 1,292.00	MDS Realty, LLC
East Ave - Checking	6/7/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 06/07/2016 09:32 308550	\$ 940.00	MDS Realty, LLC
East Ave - Checking	6/8/2016			Due From:MDS Realty	Transfer To MDS REALTY LLC 0000099705 Savings 0089 AcctLine 06/08/2016 09:38 309805	\$ 400.00	MDS Realty, LLC
East Ave - Checking	10/3/2016			Due From:MDS Realty	Funds Transfer Payee:Withdrawal Home Banking	\$ 750.00	MDS Realty, LLC
East Ave - Checking	8/22/2016			Due To:MDS Realty	Funds Transfer Payee:Withdrawal Home Banking	\$ 3,000.00	MDS Realty, LLC
						\$ 21,411.00	<b>MDS Realty, LLC Total</b>
East Ave - Checking	7/14/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable	Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine Jul. 14, 2016 13:10 Ref: 356444 - we	\$ 8,400.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	7/21/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 07/21/2016 16:00 365599	\$ 4,000.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	7/27/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 07/27/2016 12:00 372637	\$ 7,792.91	Tagged Restaurant Consultants, Inc.
East Ave - Checking	8/4/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 08/04/2016 11:03 384891	\$ 7,648.40	Tagged Restaurant Consultants, Inc.
East Ave - Checking	8/18/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 08/18/2016 10:27 404854	\$ 1,500.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	8/24/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 08/24/2016 15:20 413793	\$ 6,616.81	Tagged Restaurant Consultants, Inc.
East Ave - Checking	8/31/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 08/31/2016 09:34 423403	\$ 6,583.33	Tagged Restaurant Consultants, Inc.
East Ave - Checking	9/7/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0080 AcctLine 09/07/2016 09:15 432323 - BCBS	\$ 7,000.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	9/15/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 09/15/2016 10:52 445511	\$ 6,152.30	Tagged Restaurant Consultants, Inc.
East Ave - Checking	9/21/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 09/21/2016 12:43 454076	\$ 6,145.58	Tagged Restaurant Consultants, Inc.
East Ave - Checking	9/27/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 09/27/2016 15:40 462355	\$ 5,853.33	Tagged Restaurant Consultants, Inc.
East Ave - Checking	10/11/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 10/11/2016 10:48 481971	\$ 3,050.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	10/13/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 10/13/2016 12:07 485162	\$ 5,375.31	Tagged Restaurant Consultants, Inc.
East Ave - Checking	10/17/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0080 AcctLine 10/17/2016 09:05 490595	\$ 2,857.41	Tagged Restaurant Consultants, Inc.
East Ave - Checking	10/24/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0080 AcctLine 10/24/2016 13:37 501340	\$ 2,000.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	10/27/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 10/27/2016 11:19 505324	\$ 1,100.00	Tagged Restaurant Consultants, Inc.
East Ave - Payroll	10/27/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 10/27/2016 11:19 505328	\$ 2,000.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	10/31/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 10/31/2016 15:47 511740	\$ 900.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	10/31/2016		Tagged Restaurant Consultants, Inc.	Accounts Payable:East Ave	Memo:Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 10/31/2016 15:43 511729	\$ 3,020.90	Tagged Restaurant Consultants, Inc.
East Ave - Checking	3/22/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 03/22/2016 17:37 209583 Payee:Deposit Home Bank	\$ 7,131.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	3/29/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 03/29/2016 15:03 218129 Payee:Deposit Home Bank	\$ 7,000.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	4/5/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DBIP INC 0000129871 Savings 0080 AcctLine 04/05/2016 15:40 226762 Payee:Deposit Home Ban	\$ 7,190.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	4/22/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DLSA LLC 0000138402 Savings 0080 AcctLine 04/22/2016 08:44 249818 Payee:Deposit Home Ban	\$ 1,061.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	4/26/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 04/26/2016 15:38 255047 Payee:Deposit Home Bank	\$ 5,342.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	4/29/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 04/29/2016 08:31 258608 Payee:Deposit Home Bank	\$ 870.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	5/3/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 05/03/2016 16:34 264522 Payee:Deposit Home Bank	\$ 5,481.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	5/10/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 05/10/2016 16:33 273435 Payee:Deposit Home Bank	\$ 7,000.00	Tagged Restaurant Consultants, Inc.
East Ave - Checking	5/27/2016		Tagged Restaurant Consultants, Inc.	Management Consulting Fee	Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine 05/27/2016 09:56 294813	\$ 1,002.00	Tagged Restaurant Consultants, Inc.

account	Date	Number	Payee	Account	Memo	Disbursements	insider name/OBO
East Ave - Checking	6/10/2016		Tapped Restaurant Consultants, Inc.	Management Consulting Fee	Transfer To TAPPED RESTAURA 0000140046 Savings 0080 AcctLine 06/10/2016 07:53 312627	\$ 1,016.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	6/14/2016		Tapped Restaurant Consultants, Inc.	Management Consulting Fee	Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine Jun. 14, 2016 18:36 Ref: 318248 - we	\$ 2,053.80	Tapped Restaurant Consultants, Inc.
East Ave - Checking	6/21/2016		Tapped Restaurant Consultants, Inc.	Management Consulting Fee	Transfer To TAPPED RESTAURA 0000140046 Savings 0080 AcctLine Jun. 21, 2016 16:21 Ref: 327191 - Con	\$ 6,865.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	6/28/2016		Tapped Restaurant Consultants, Inc.	Management Consulting Fee	Transfer To TAPPED RESTAURA 0000140046 Savings 0080 AcctLine 06/28/2016 16:02 336020	\$ 7,140.00	Tapped Restaurant Consultants, Inc.
Coastway CU Checking	12/31/2015			Due From:Tapp'd Corp	Transfer To TAPPED RESTAURA 0000140046 Savings 0080 AcctLine 12/31/2015 15:24 106657	\$ 3,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	7/5/2016			Management Consulting Fee	Transfer To TAPPED RESTAURA 0000140046 Savings 0081 AcctLine Jul. 05, 2016 20:33 Ref: 345356 - we	\$ 7,890.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/19/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0082 AcctLine 01/19/2016 15:51 128637 Payee:Deposit Home Bank	\$ 3,500.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	1/29/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 01/29/2016 08:17 140265 Payee:Deposit Home Bank	\$ 320.20	Tapped Restaurant Consultants, Inc.
East Ave - Checking	2/16/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 02/16/2016 16:09 163115 Payee:Deposit Home Bank	\$ 5,500.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	2/24/2016			Tapp'd Corporate - Checking	Memo:From DLSA LLC 0000138402 Savings 0080 AcctLine 02/24/2016 09:32 172951 Payee:Deposit Home Ban	\$ 1,500.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	2/29/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 02/29/2016 09:57 179899 Payee:Deposit Home Bank	\$ 14,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	3/8/2016			Tapp'd Corporate - Checking	Memo:From DBIP INC 0000129871 Savings 0080 AcctLine 03/08/2016 15:04 191080 Payee:Deposit Home Ban	\$ 5,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	3/15/2016			Tapp'd Corporate - Checking	Memo:From DLSA LLC 0000138402 Savings 0080 AcctLine 03/15/2016 17:23 200538 Payee:Deposit Home Ban	\$ 15,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	4/13/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 04/13/2016 16:05 238256 Payee:Deposit Home Bank	\$ 1,375.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	4/14/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 04/14/2016 14:36 239558 Payee:Deposit Home Bank	\$ 4,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	5/20/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 05/20/2016 08:34 285971 Payee:Deposit Home Bank	\$ 3,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	5/24/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 05/24/2016 15:48 290956 Payee:Deposit Home Bank	\$ 6,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	5/31/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 05/31/2016 16:46 299539 Payee:Deposit Home Bank	\$ 8,000.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	6/7/2016			Tapp'd Corporate - Checking	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 06/07/2016 16:04 309077 Payee:Deposit Home Bank	\$ 4,800.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	8/8/2016			Tapp'd Corporate - Checking	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 1,808.77	Tapped Restaurant Consultants, Inc.
East Ave - Checking	8/8/2016			Tapp'd Corporate - Checking	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 5,426.31	Tapped Restaurant Consultants, Inc.
East Ave - Checking	10/3/2016			Tapp'd Corporate - Checking	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 7,200.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/13/2016			Tapp'd Corporate - Checking (split)		\$ 78.59	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/13/2016			Tapp'd Corporate - Checking (split)		\$ 160.10	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/13/2016			Tapp'd Corporate - Checking (split)		\$ 724.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/13/2016			Tapp'd Corporate - Checking (split)		\$ 8,436.08	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/13/2016			Tapp'd Corporate - Checking (split)		\$ 10,393.12	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/27/2016			Tapp'd Corporate - Checking (split)		\$ 160.10	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/27/2016			Tapp'd Corporate - Checking (split)		\$ 375.33	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/27/2016			Tapp'd Corporate - Checking (split)		\$ 724.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/27/2016			Tapp'd Corporate - Checking (split)		\$ 8,170.43	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	1/27/2016			Tapp'd Corporate - Checking (split)		\$ 9,935.95	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/2/2016			Tapp'd Corporate - Checking (split)		\$ 13.44	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/10/2016			Tapp'd Corporate - Checking (split)		\$ 77.53	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/10/2016			Tapp'd Corporate - Checking (split)		\$ 146.11	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/10/2016			Tapp'd Corporate - Checking (split)		\$ 724.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/10/2016			Tapp'd Corporate - Checking (split)		\$ 8,210.10	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/10/2016			Tapp'd Corporate - Checking (split)		\$ 10,130.43	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/24/2016			Tapp'd Corporate - Checking (split)		\$ 72.87	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/24/2016			Tapp'd Corporate - Checking (split)		\$ 76.76	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/24/2016			Tapp'd Corporate - Checking (split)		\$ 484.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/24/2016			Tapp'd Corporate - Checking (split)		\$ 4,133.76	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	2/24/2016			Tapp'd Corporate - Checking (split)		\$ 8,353.39	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/9/2016			Tapp'd Corporate - Checking (split)		\$ 74.98	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/9/2016			Tapp'd Corporate - Checking (split)		\$ 76.76	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/9/2016			Tapp'd Corporate - Checking (split)		\$ 484.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/9/2016			Tapp'd Corporate - Checking (split)		\$ 4,562.81	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/9/2016			Tapp'd Corporate - Checking (split)		\$ 8,569.53	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/23/2016			Tapp'd Corporate - Checking (split)		\$ 72.43	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/23/2016			Tapp'd Corporate - Checking (split)		\$ 76.76	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/23/2016			Tapp'd Corporate - Checking (split)		\$ 88.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/23/2016			Tapp'd Corporate - Checking (split)		\$ 4,511.66	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/23/2016			Tapp'd Corporate - Checking (split)		\$ 9,057.55	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/30/2016			Tapp'd Corporate - Checking (split)		\$ 38.38	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/30/2016			Tapp'd Corporate - Checking (split)		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/30/2016			Tapp'd Corporate - Checking (split)		\$ 140.17	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/30/2016			Tapp'd Corporate - Checking (split)		\$ 1,983.19	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	3/30/2016			Tapp'd Corporate - Checking (split)		\$ 3,347.16	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/6/2016			Tapp'd Corporate - Checking (split)		\$ 38.38	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/6/2016			Tapp'd Corporate - Checking (split)		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/6/2016			Tapp'd Corporate - Checking (split)		\$ 66.20	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/6/2016			Tapp'd Corporate - Checking (split)		\$ 2,122.47	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/6/2016			Tapp'd Corporate - Checking (split)		\$ 3,893.51	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/14/2016			Tapp'd Corporate - Checking (split)		\$ 38.38	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/14/2016			Tapp'd Corporate - Checking (split)		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/14/2016			Tapp'd Corporate - Checking (split)		\$ 64.13	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/14/2016			Tapp'd Corporate - Checking (split)		\$ 2,110.05	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/14/2016			Tapp'd Corporate - Checking (split)		\$ 3,990.32	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/20/2016			Tapp'd Corporate - Checking (split)		\$ 21.12	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/20/2016			Tapp'd Corporate - Checking (split)		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/20/2016			Tapp'd Corporate - Checking (split)		\$ 64.13	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/20/2016			Tapp'd Corporate - Checking (split)		\$ 2,054.60	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/20/2016			Tapp'd Corporate - Checking (split)		\$ 4,054.72	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/27/2016			Tapp'd Corporate - Checking (split)		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/27/2016			Tapp'd Corporate - Checking (split)		\$ 63.38	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/27/2016			Tapp'd Corporate - Checking (split)		\$ 66.20	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/27/2016			Tapp'd Corporate - Checking (split)		\$ 1,764.21	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	4/27/2016			Tapp'd Corporate - Checking (split)		\$ 3,831.34	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/4/2016			Tapp'd Corporate - Checking (split)		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/4/2016			Tapp'd Corporate - Checking (split)		\$ 66.20	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/4/2016			Tapp'd Corporate - Checking (split)		\$ 154.41	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/4/2016			Tapp'd Corporate - Checking (split)		\$ 1,970.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/4/2016			Tapp'd Corporate - Checking (split)		\$ 4,124.64	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/11/2016			Tapp'd Corporate - Checking (split)		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/11/2016			Tapp'd Corporate - Checking (split)		\$ 65.17	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/11/2016			Tapp'd Corporate - Checking (split)		\$ 152.04	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/11/2016			Tapp'd Corporate - Checking (split)		\$ 2,053.87	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/11/2016			Tapp'd Corporate - Checking (split)		\$ 4,042.71	Tapped Restaurant Consultants, Inc.

account	Date	Number	Payee	Account	Memo	Disbursements	insider name/OBO
East Ave - Payroll	5/18/2016			Tapp'd Corporate - Checking [split]		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/18/2016			Tapp'd Corporate - Checking [split]		\$ 65.17	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/18/2016			Tapp'd Corporate - Checking [split]		\$ 152.04	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/18/2016			Tapp'd Corporate - Checking [split]		\$ 2,553.01	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/18/2016			Tapp'd Corporate - Checking [split]		\$ 4,172.42	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/25/2016			Tapp'd Corporate - Checking [split]		\$ 44.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/25/2016			Tapp'd Corporate - Checking [split]		\$ 63.10	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/25/2016			Tapp'd Corporate - Checking [split]		\$ 159.04	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/25/2016			Tapp'd Corporate - Checking [split]		\$ 2,081.91	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	5/25/2016			Tapp'd Corporate - Checking [split]		\$ 3,892.68	Tapped Restaurant Consultants, Inc.
East Ave - Checking	1/5/2016			Tapp'd Corporate - Payroll	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 01/05/2016 19:22 112191 Payee:Deposit Home Bank	\$	
East Ave - Checking	3/11/2016			Tapp'd Corporate - Payroll	Memo:From DBIP INC 0000129871 Savings 0080 AcctLine 03/11/2016 08:48 194923 Payee:Deposit Home Ban	\$ 1,500.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	6/15/2016			Tapp'd Corporate - Payroll	Memo:From DIP INC 0000129869 Savings 0080 AcctLine Jun. 15, 2016 09:23 Ref: 318887 - Consulting Fe	\$ 4,800.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	8/11/2016			Tapp'd Corporate - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 1,900.00	Tapped Restaurant Consultants, Inc.
East Ave - Payroll	8/18/2016			Tapp'd Corporate - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 1,600.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	8/31/2016			Tapp'd Corporate - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 1,650.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	9/8/2016			Tapp'd Corporate - Payroll	Memo:From DIP INC 0000129869 Savings 0080 AcctLine 09/08/2016 17:40 435894 Payee:Deposit Home Bank	\$ 905.45	Tapped Restaurant Consultants, Inc.
East Ave - Checking	9/23/2016			Tapp'd Corporate - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 400.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	9/29/2016			Tapp'd Corporate - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 1,800.00	Tapped Restaurant Consultants, Inc.
East Ave - Checking	10/17/2016			Tapp'd Corporate - Payroll	Funds Transfer Payee:Deposit Home Banking Transfer Payee:Withdrawal Home Banking	\$ 3,400.00	Tapped Restaurant Consultants, Inc.
						\$ 426,110.83	<b>Tapped Restaurant Consultants, Inc. Total</b>
						\$ 637,063.83	<b>Grand Total</b>

**United States Bankruptcy Court  
District of Rhode Island**

In re **DIP, Inc.**

Debtor(s)

Case No. **16-11875**  
Chapter **11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Elizabeth Sullivan 109 Vineyard Road Warwick, RI 02886</b>			<b>33.33% owner</b>
<b>James Sullivan 109 Vinyard Road Warwick, RI 02889</b>			<b>33.33% owner</b>
<b>John Doherty 342 East Avenue Pawtucket, RI 02860</b>			<b>33.33% owner</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **Vice-President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **November 21, 2016**

Signature /s/ John H. Doherty  
**John H. Doherty**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Rhode Island**

In re **DIP, Inc.**

Debtor(s)

Case No. **16-11875**

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **DIP, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**November 21, 2016**

Date

**/s/ Thomas P. Quinn**

**Thomas P. Quinn 4780 Rhode Island**

Signature of Attorney or Litigant

Counsel for **DIP, Inc.**

**McLaughlin & Quinn, LLC**

**148 West River Street, Suite 1E**

**Providence, RI 02904**

**(401) 421-5115 x218 Fax:(401) 421-5141**

**TQuinn@McLaughlinQuinn.com**

**United States Bankruptcy Court**  
**District of Rhode Island**

In re **DIP, Inc. ("Doherty's East Ave Irish Pub")**

Debtor(s)

Case No. **1:16-bk-11875**Chapter **11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u><b>53,200.00</b></u>
Prior to the filing of this statement I have received .....	\$	<u><b>53,200.00</b></u>
Balance Due .....	\$	<u><b>0.00</b></u>

2. The source of the compensation paid to me was:

☒ Debtor      ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor      ☐ Other (specify):

4. ☐ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☒ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. **\*\* It is anticipated that fee will be used for DLSA, LLC, DIP, Inc., and Doherty's Lakeside Alehouse, Inc.**

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtor in adversary proceedings and other contested bankruptcy matters.**  
**Representation of the debtor in loss mitigation proceedings.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**November 21, 2016**

*Date*

**/s/ Thomas P. Quinn**

**Thomas P. Quinn 4780 Rhode Island**

*Signature of Attorney*

**McLaughlin & Quinn, LLC**

**148 West River Street, Suite 1E**

**Providence, RI 02904**

**401-421-5115 Fax: 401-421-5141**

**tquinn@mclaughlinquinn.com**

*Name of law firm*